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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

### On some of the Uses of Chlorate of Potassa.

By J. W. Thompson, M.D.,
Of Philadelphia.

This comparatively new remedy is a most deservedly-popular one. Brought more prominently and generally into use from its reputation as a specific in diphtheria, it has, during the recent reign of that disease, been severely tested; and though disappointing the mere empiricist, always in search of a remedy that he can give under any and all circumstances, after his imperfect diagnosticating has christened the affection of his patient—giving it a "local habitation and a name"—although, I repeat, it has disappointed this character, yet the observant man of science has watched its effects and proven, at least in a measure, what it could and what it could not do. And he has found that notwithstanding there was some misapprehension at first with regard to its special power, that, nevertheless, the extent and greatness thereof, when under the direction of a skillful hand, had not been half revealed.

As a refrigerant, especially in adynamic fevers; as a tonic, and as an alterative, particularly in affections of the mucous membrane, it takes rank as one of our very best medicines. Your recent brief notices of it have provoked me to this writing, and as I have used it extensively during the past year, I propose to give you a tithe of my experience.

First, I might almost say, as a matter of course, I used it in diphtheria, and in cases of moderate severity with the most pleasing results. But ere long I had to come to the unwelcome conclusion that its specific power of dissolving the diphtheritic membrane, when forming a complete investment of the throat and larynx, was a false, deluding vision; and I became almost disgusted as the phantom vanished from my sight.

Still, partly because I could find nothing better as a systemic remedy, and partly because I was confident that in all but such cases it had been productive of much good, I took it up again and carefully noted when, where, and in what manner it did do good.

My conclusion is this, that diphtheria being a systemic disease with a local manifestation, if you correct the derangement of the system, the local trouble is at the same time corrected. This latter, however, may be so great through extraordinary virulence or neglect of early treatment, as seriously to complicate the case and increase the general disorder by interfering with respiration, preventing the proper aeration of the blood, thus making this already-vitiated fluid play the part of an active poison. When this is the case, it must needs be attacked by other means than the chlorate of potassa, and I know of no better remedy at our command than a solution of nitrate of silver, freely applied, while, at the same time, the chlorate of potassa is freely administered internally.

The chlorate acts effectively upon the blood and system at large, and if this action is not interfered with, as above mentioned, will speedily work a cure.

But this is not all; it acts locally upon the mucous membrane when allowed to come in contact with it, by the removal of the diphtheritic membrane, and thus, not only by reason of the renovated blood, but by this direct influence, is the inflammation brought under control and eventually completely subdued.

From the prostrating character of the disease, and the tendency to relapse, it is necessary to continue the use of the remedy through convalescence to complete health.

After having satisfied myself of its useful-

ness in this affection, I was led to try it in another. Being in want of a remedy for the truly inflammatory stage of ordinary angina, (from the generally tedious and unsatisfactory action of those usually given,) I conned well the merits of the chlorate, and concluded that, theoretically, it promised well, and determined to try it.

This I soon had an opportunity of doing upon myself, and to say that I was pleased with the result would be a very inadequate expression. Indeed, a more prompt and complete curative effect I could hardly imagine, being, in reality, so much more so than customary from the common treatment, that I finally doubted it as the cause, supposing it merely one of those spontaneous cures which do occasionally happen, surprising and leading astray by their occurring coincident with the administration of some article, which had about as much to do with the result as it would have in physicing the man in the moon.

Having a goodly number of such cases to treat, however, I soon renewed the trial, and again and again did it result in the same way, until I was at last convinced of its efficacy, and now rarely use anything else other than a cathartic, if strongly indicated, and sometimes, though rarely, an alum gargle, as an adjuvant. This remedy, in the inflammatory, and belladonna in the forming stage, (as mentioned by myself in an article commencing on page 137, of Vol. V.) gives me such command of this troublesome affection, as to leave scarcely anything to be desired.

Ulcerated sore-throat, cancrum oris, and the sore mouth of nursing women I find to yield more kindly to the administration of a saturated solution of the chlorate of potassa, than to any other treatment; here, though, I sometimes call in use argentum nitras, locally. Tonsillitis yields, also, to the chlorate at times like magic, if not already in the suppurative stage, and even then it is as good a remedy, almost, as we possess, and will much hasten the cure in many instances, although, of course, it cannot then arrest the disease.

In fact, to the whole class of diseases manifesting themselves in this region, it seems to be a medicine specially applicable.

Those which are asthenic in their character (as most of them are) can be treated as successfully by *nothing else*, so far as my experience goes, as it acts strongly upon the blood, while, at the same time, producing its incomparable local effect. And those of a sthenic character answer markedly to this latter influence, while its action on the blood is not at all incompatible, it being not so much a stimulant as a corrigent in this particular.

In certain fevers which tend to the production of an adynamic state of system, such as scarlatina, it is the physician's sheet anchor, and without it I would hardly be willing to undertake their treatment. Of course, it would not do to give this blindly as a specific, neglecting all else on the strength of its power. Thus, in erysipelatous fever the local use of refrigerants, emollients, oleaginous "protectives," and circumscriptives are not to be neglected; while in the disease mentioned, *i. e.* scarlatina, lardaceous inunction is a most important remedy, and, in many cases, tartar-emetic or digitalis should be given to correct certain conditions of the head or pulse. Rubefacients for the throat, gentle laxatives, etc., etc., are all made likewise to play important parts, under the direction of the man who thinks and acts from the dictates of reason, instead of following the routine of some one whom he takes as authority, vainly imagining that because his *authority* found a certain course, under certain circumstances, and in certain cases, to be productive of good results, that, therefore, it must ever after, and in all cases, and under the administration of all indiscreet and unthinking people, be productive of the same results.

Let such, if they never did think independently before, try it for once by a review of their practice, noting how many typical cases they have seen. Why, scarce one in a hundred follows the exact course of the book-type; and wo is the man—or rather wo to his patients—who cannot meet variations as readily in the sick-room as the most consummate general can do on the battle-field. Indeed, what the general does a few times in a campaign, and which the world cherishes ever after as wonderful movements in strategy or counterpoise, is done, must be done daily, by the physician in his conflict with disease and death; and, if not prepared for this, better far for his fellow-mortals that he strike his colors and quit the field in most precipitate retreat.

I will not then be understood, when recommending the chlorate as the principal or best medicine in some diseases, to say that in such it is to be the exclusive one.

My usual prescription, especially when I

wish its local as well as general effect, is as follows, viz:

℞.—Potass. chloratis - ℥j.
Aq. font. - - - f℥iij. M.

S. Take a tablespoonful every two hours.

Its taste is not generally complained of, but should it be, and the local effect not a desideratum, a drachm each of sacch. alb., et pulv. acac., will render it very pleasant, while mint water may be used as a vehicle instead of aq. font. There are two uses for the article in question that I have not yet fairly tested, though it appears to me to promise well in both.

The first of these is phthisis pulmonalis and the other gonorrhœa, in which I think it might with advantage be made to supersede the preparations of silver and zinc as an injection.

Any one having practical knowledge of its use in such cases would confer a favor by giving his experience to the profession.

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## Anomalies of Dentition and their Surgical Relations.

By Jas. E. Garretson, M.D.,
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Let us now take up the subject of Anomalies of Dentition. I will try to present it in a way in which each class of cases shall exhibit its own relations.

Anomalies may be classed under six heads:

1st. Teeth common to the age, but erupting external or internal to the arch.

2d. Teeth denied space in the arch, because of natural or surgical interference with the process of maxillary enlargement.

3d. Germs, developing in positions where their product must remain encysted.

4th. The production of supernumerary teeth.

5th. Third dentitions.

6th. Teeth, the periosteum of whose fangs are in association with the periosteum of the sinus maxillare.

These six conditions, then, because they differ from a just dental evolution, we call anomalies.

I might here say that these anomalies refer perhaps exclusively to a period subsequent to the first dentition; it is my experience that the deciduous teeth are never irregular to the arch; that the arch is always sufficient for their accommodation; that the germs, when existing, always develop regularly; and, lastly, because absorption of their fangs generally precedes the attack of dental caries. I do not recall a case where continuity of membranes has provoked disease in the antrum. That there is some irregularity in the period of development, of course, I admit—every nurse could tell of this. Richard the First was born with the incisors erupted. I am, myself, personally conversant with a similar case; while, only yesterday, I was consulted concerning a child, one year old, in which case as yet there was no evidence of tooth eruption.

M. Forget's case, published last week, refers to the disease showing itself first in the fifth year; this, of course, associates it with the germ of the first permanent molar; this tooth is the first of the second set, and erupts posterior to the deciduous molars at about the sixth year. A mistake, by the way, very common, is, that the lower central incisors are the first erupted of the permanent teeth; this is a sad mistake, and one that has often resulted in throwing the practitioner into trouble. At six years, the last teeth in the arch are the first permanent molars, and not milk teeth; to extract them is a very different thing to pulling the deciduous, for which they are so commonly mistaken. Further on, it will be remarked, that I make references to certain family and individual peculiarities in this first dentition, but such cases will be seen to come under the head of idiosyncrasies rather than anomalies.

The six anomalies, then, have surgical signification as they assume the position of primary lesions.

*Anomaly 1st.*—A tooth external or internal to the alveolar arch not unfrequently gives origin to an ulcer or locates epithelioma. But close as is this primary to the secondary lesion, and evident as such relationship would seem to be, I have known ulcers of the tongue, lips, and cheeks treated for months—of course, without success—where it has never seemed to strike the practitioner that the tooth could have any association with the disease; indeed, in one case, where the patient was remotely connected to myself, a most horrible death was the result of a cancer located in the cheek from this very anomaly. (See mention of the case on a succeeding page.)

*Note.*—Even where there is excess of room, the permanent teeth not unfrequently erupt irregularly; indeed, this applies so directly to the inferior incisors, that it may almost be said to be the rule rather than the exception. Un-

less specially indicated, it is the best practice to leave them to nature; they will almost always be found to come right of themselves. I would be understood as classing them with the anomalies only as the derangement is marked and permanent.

*Anomaly 2d.*—Teeth denied space in the arch. This anomaly has, perhaps, the largest associative pathological connection.

I remarked that this lesion, if we may term it such, is more frequently the fault of the dentist or surgeon than of nature. If, for one moment, we refer to certain physiological relations existing between the first and second dentures, we may find that it is within our power to prevent the many ills that follow so frequently in this train, and simply by doing little or, more commonly, nothing.

The deciduous dental arch is filled, as we are all aware, completely by its ten teeth. The second or permanent set is to comprise in number sixteen, and each tooth certainly quite as large again as its predecessor. This increase in number and size of the teeth, it is evident, must be provided for in an enlargement of the alveolar arch. This provision is always attempted by nature in the process described by the physiologist as the elongatory.

I will illustrate this process of maxillary enlargement by considering the ten milk teeth as so many wedges placed in a springy arch. This arch it is designed to lengthen by additions to either end. If, now, these wedges should be removed before others were ready to take their place, it is evident that the elongation, being made at the ends, would, to a greater or less extent, be counterbalanced by the springing together of the parts at the sites of the removed wedges. The process of maxillary or, rather, alveolar absorption, is truly represented by this retraction of an arch.* In proportion to the number of deciduous teeth removed from the arch, prematurely, will be the curtailment in size of that arch.

Let us, then, look at the results of such abridgement—approximal caries of the teeth; periosteal troubles; trismus; odontocele; necrosis; the violent inflammation attendant on the development of the dentes sapientæ, etc., etc.

*Note.*—If there is a pathological Pandora's box, it is certainly the lesion of an overcrowded maxillary arch.

This condition is made evident to the practitioner the moment he looks into the mouth of his patient, the teeth are jammed into the most uncomfortable-looking positions; the deformity, however, mostly existing in the front of the mouth, either the central incisors override, or the laterals are thrown back, or otherwise the cuspidate take the tusk position, standing out prominently from the arch, the bicuspids occupying too anterior a location, approximating, indeed, not unfrequently with the lateral incisors.

*Treatment.*—To abort all the ill consequences alluded to in a previous paragraph, extract at as early a period as possible the bicuspids of either side. This very simple operation will not unfrequently not only secure against secondary lesions, but will entirely correct the most annoying deformities. I speak from an experience too extended to be gainsayed. But let it be remembered by the practitioner who prefers prophylactic to operative surgery, that on his treatment of the deciduous mouth depends the health and comfort of the adult.

If I am asked what is to be done with the deciduous aching tooth, I may answer that the tooth should have been filled on the first appearance of decay; the dentist has in his armamentum plastic materials which he can employ in such cases, and which will be found to answer admirably the purpose of their intention.

Equal parts of chloroform and tinct. aconite applied to the nerve on a delicate pellet of cotton, will sometimes instantaneously cure this form of tooth-ache. Arsenical applications are not unfrequently employed, but unless the practitioner is very conversant with the physiological change that occurs in the fangs of these teeth he had better not use it; if, however, he feels prepared to use escharotics, he can prepare no formula better than the following:

℞.—Acidum arsenicum,
Morphiæ sulph. āā gr. x.
Creosote, q. s., to make a thick paste.

This is the paste so universally employed by the better class of dentists for destroying the pulps of adult teeth. To apply it, take a piece not larger than a pin's head, and dropping it lightly into the cavity, cover loosely with cotton; the cavity is washed out with warm water after ten or twenty hours. I would not leave it in a deciduous tooth over ten hours; and if absorption of the fang had advanced to any

* Prof. Gross, and Mr. Tomes, also, in his last book, denies this position; why, I know not; with the greatest possible respect for both of these gentlemen, it is my experience that they are wrong.

extent, even one might be too long. Employ it fearlessly in the adult mouth, only remembering you deal with arsenic, but with the child be careful. Equal parts of tinct. of iodine and Monsel's solution of the perchloride of iron is also an admirable application. I have stopped a raging odontalgia instantaneously with this combination. Give the mother a prescription for this last or the first formula, but do not pull out the teeth.

The central incisors of the deciduous should last until the seventh year; the laterals until the eighth; the first deciduous molar until the ninth year; the second deciduous molar until the tenth; the deciduous cuspid until the eleventh; and let it be remembered that the most posterior molar teeth that are in the mouth at the sixth year are the first permanent molars, and these teeth get their place in the gum, without displacing any of the deciduous.

For an account of some of these secondary lesions, together with treatment, see a future page.

*Anomaly 3d.* This anomaly is remarked by examination of the classes of teeth erupted. Teeth all erupt in pairs, so that one is not likely to be deceived. The anomaly is not unfrequently the result of interference with the development of the germ of the permanent through non-absorption of the root or roots of the deciduous teeth.

*Example.*—A deciduous central incisor erupts—as the rule—about the seventh month, and is succeeded by the permanent at the seventh year. Now the physiological relation existing between the two teeth is as follows:—At the time when the deciduous has attained its fullest development the germ of the permanent is at its apex. Retrograde metamorphosis now commences in the fang of the deciduous, while, in an inverse ratio, the development of the permanent advances.* Now, it sometimes happens, that a process is set up for the taking away of these deciduous fangs, and, as a consequence, the permanent are compelled to make alveoli for themselves; this they generally do by emerging posterior to the deciduous, but, as can readily be imagined, odontocele is not unfrequently a result.

*Note.*—Sometimes, long after the period at which the second dentition is usually completed, the incisors, as would seem to be natural, may be remarked, each occupying its respective alveolus. Yet here we may have odontocele. One of the incisors that we see is a milk tooth. This anomaly could, however, deceive only the very superficial observer, the difference in the classes of teeth being sufficiently marked.

Because of this non-absorption of deciduous fangs, arrest in the development of the permanent sometimes occurs. It is really quite a nice point in practice to give advice in such cases; for, if you advise the extraction and no tooth comes to replace the one lost, you will be sure to get a good deal more censure than you could possibly deem yourself deserving.

There are a number of conditions to take into the consideration of such a case—the most prominent one of which is, the existence or non-existence of the anomaly in a hereditary point of view. I am acquainted with a family in this city, where continued integrity on the part of certain front teeth, conjoined with the non-appearance of the permanent, has been a striking peculiarity as far back as the ancestors can be remembered. Ability to advise, in such cases, can only be gained by a careful study of the laws of dentition.

*Surgical Relations.*—In an examination of any obscure tumor of the maxillary bones examine the dental arch; if any deciduous tooth occupy the place of a permanent, the existence of odontocele may be reasonably inferred.

*Anomaly 4th. Supernumerary Teeth.*—These teeth differ from all others in being doubly conoidal; this is the rule. It is, however, to be remembered that we meet with exceptions. Harris mentions having seen them so resembling the natural teeth as "to make it impossible to distinguish which should be called the supernumerary;" as for myself I have never met with such decided exceptions.

An encysted condition of these teeth obscures and, perhaps, makes impossible, a recognition of their existence. In diagnosing diseases of the mouth, we must bear in mind that we have such odontoceles. The study of their evolution is very interesting, but, of course, concerns the physiological rather than the surgical author. We may remark, however, that they are not necessarily a dermotic production, and the appearance of them in the mouth is as unaccountable as their association with ovarian and other remote tumors.

*Surgical Relations.*—With the exception of their relation to tumors, we have only to deal

*For a new and beautiful physiological explanation of this mooted process, see views of Prof. J. H. M'Quillen, in the Dental Cosmos, vol. 1, 1860.

with them as they so strangely present themselves in the mouth. Let me give an example of such practice. A patient presents himself and tells you that there is a piece of bone working out through his mouth; and, truly, an examination will seem to verify his assertion. But there is one point which, if observed, will never mislead. Necrosis is always preceded by and is associated with inflammation. The eruption of a supernumerary tooth is very gradual, and, so far as my experience goes, is never associated with inflammation. To extract such teeth, wait until they have emerged to the base of the cone; or, if such waiting does not seem desirable, carefully force sharp-pointed forceps through the bone until you may be able to grasp this cone, and with a rotary motion you may easily pull them away. Their alveoli need no attention.

*Anomaly 5th. Third Dentitions.*—I would not be understood as referring here to that extra development sometimes occurring in young adult life, and yet the mention of the existence of such an anomaly is, perhaps, desirable. Thus Columbus (see Dr. Jacob's lectures on Infantile Pathology) reports that one of his children had three sets of teeth. Valerius Maximus and Pliny relate similar facts. A son of Mithridates is said to have had two, and Hercules three. I myself have seldom seen this anomaly, and incline to think that its existence, in these modern times, is not co-extensive with Dr. Jacob's ancient period. I have certainly had quite five hundred persons tell me that such and such tooth or teeth were the third of the class, but examination, in almost every individual case, has satisfied me they were mistaken; this anomaly has, however, little or no surgical signification.

Third dentitions, as here referred to, are those which are associated with advanced age. The student will recognize their physiology when I classify them with second sight, etc. The lesions of this anomaly are what might be termed associative. That is, we are occasionally so deceived by them as to be led falsely to interpret engorgements, congestions, etc.

A single case will illustrate the anomaly:—An individual, aged sixty-five, applied to Dr. Harris, suffering with pain in the gums and jaws. No local lesion was at all discoverable. A tentative treatment was resorted to. The apparent disease went on, however, entirely uninfluenced by the exprimental medication, until, at last, it attained an intensity positively excruciating. In twenty-one days the mystery was explained by the eruption of a third set of teeth.

*Anomaly 6th.* Association of the odonto-periosteum with the membranes of the antrum of Highmore.

It will be remembered that the most easy entrance to the maxillary sinus is through the palatine fang either of the second or first molar tooth. It is indeed, as I well know from experience, a very common thing to find the roots of these teeth perforating the cavity. Remembering this association of parts, it will be seen that many conditions, which may have been deemed obscure, are thus made very plain. Dr. Harris, who was a close observer in diseases of the mouth, went so far as to say that two cases, mentioned by Bell and Bordenave, were the only authenticated exceptions where abscess had formed in this cavity at any other point than that at which it had been penetrated by the root of a tooth.

A case mentioned in Braithwaite, from the practice of a Mr. Louis Oxley, of London, illustrates most happily the relations of this lesion: "A young woman, of rather strumous habits, complained of a dull aching pain under the orbit. The pain lasted from three to four months, attended by a gradual elevation of the orbital surface of the maxillary. The eye above this surface became at length so affected as entirely to loose its functions. At this stage of the case the young woman was directed to use leeches and blisters behind the ears, and to employ drastic purges. After three months' blindness, the patient first perceived a discharge, from the right nasal fossa, of a thick purulent fluid. This discharge had existed, he says, eighteen months, when he first saw the case. An examination of the mouth at once revealed the cause of so much misery, and the removal of three roots, in a state of periostitis, was the simple means by which two most important organs regained their proper functions.

The nasal opening of the maxillary sinus, it is known, is, in a healthy condition, almost closed by the duplicatures of membrane lining the turbinated bones; congestion of this membrane not unfrequently closes it entirely. Thus secretions accumulate, giving alarming and threatening disfigurements to the face. The weakest points in the osseous boundaries of this cavity are, the floor of the orbit, the hard palate, the tuberosity of the bone, and the canine fossa. Any accumulation would

necessarily be most apt to vent itself at one of these four points, unless atresia of the duplicated membrane, alluded to, should occur, and which does not commonly occur.

*Note.*—My own experience regarding abscess of the antrum is, that in the great majority of cases the pus seeks to vent itself through the floor of the cavity. After the inflammatory action has passed to the suppurative stage, you will notice a swelling in the roof of the mouth at the side of the mesial line, corresponding to the diseased cavity: this is the abscess pointing, and, if left to itself, will be sure to make an ugly opening. Such a result will be found particularly undesirable if there should be any specific virus lingering in the system. But wherever this abscess should tend to point, it is of course desirable to abort it.

If the assertion of Harris is true concerning the almost invariable dental origin of this abscess, (and certainly my own experience—so far as it goes—confirms him; for, while I have seen several cases of this kind, I have yet to meet with one where the treatment indicated was not of a surgico-dental character,) we turn naturally to the alveolar arch, seeking there the source of offence and defence. For a single moment, then, let me direct attention to a few dental lesions of the most practical moment, and without the ability to recognize which, the practitioner will assuredly find himself at sea.

Because, when you turn to this dental arch, you find it entirely clear of teeth, and healthy-looking, you are not hastily to conclude that the primary lesion is not in such direction. You are to remember that fangs of teeth are not unfrequently broken off in an attempted extraction, and that when so broken, particularly, deep in the socket, the dentist is not unapt to leave such pieces alone. Now it is easy to understand that a fang so situated may be the source of extensive disease, and yet the gum over it be without break in its continuity, and perfectly healthy-looking. The relation, in such a case, of the fang is with the antrum—it need necessarily have no external sinus. Make, here, an explorative incision along the gum down to the bone. If, happily, you come to a cavity, you will have hit on the origin of the trouble; but if you find nothing, you have made only a simple incised wound, which, left to itself, will generally heal in a few hours.

Again, because the part may have its usual complement of teeth, and each tooth should seem perfectly healthy, you are not to turn hastily away. There may be in one of these teeth a dead pulp. To satisfy yourself on this point, take up a delicate steel instrument, and strike with it each tooth separately, directing your patient to note any difference in the sensations; if he should start when you strike a particular tooth, my veracity for it, you have found the primary lesion. But still again, the lesion may be here, and yet the patient not express the anticipated pain. Take, now, a hand mirror, and place your patient full in the sun-light, reflect the rays over the teeth—if there is a dead tooth, you will remark an opacity in it not belonging to its neighbors: this is the tooth; extract it.

If a tooth has a plug of metal in it, take the filling out—the cavity will, not unlikely, be found to communicate with the pulp chamber.

If, now, for a few moments, we study periodontitis, the student will be prepared to make the most out of the cases which I shall proceed to present, and with which it is my intention to close the present paper.

Periodontitis means inflammation of the periosteum which surrounds the fang of the tooth. Its causes are manifold: scurvy, syphilis, ptyalism, a dead pulp, direct injury to the part. It is sometimes an idiopathic affection—stomatitis from any cause may provoke it, simply by continuity of structure; it is very common after the dentist has destroyed the pulp of a tooth and filled the fangs with gold or other metal. A common cause, as remarked, is an overcrowded condition of the alveolar arch.

Periodontitis commences with a dull, heavy, gnawing pain: this is the state of simple vascular excitement in the part. As the grade of inflammation advances, the pain increases with it, the tooth seems to project beyond its fellows, and really does; veclusion of the jaws gives agonizing pain; finally, if not arrested, the action goes on to the suppurative condition, giving us alveolar abscess. Now, it is to be borne in mind that gum-boil is alveolar abscess, and this is the way in which the pus formed commonly vents itself; but, from the case hereafter mentioned, it will be seen that so simple a thing as alveolar abscess seems to be, it may utterly confound and deceive even very experienced men.

Alveolar abscesses almost invariably run into a chronic condition. When discharging on the gums, it will run through the features of gum-boil once a week, or once a month, for years; it will discharge from a single drop to a

spoonful of pus per day; will be one day apparently well, and the next in full discharge. The excruciating pain, referred to, pertains almost exclusively to the original inflammatory attack, although the tooth continues more or less sore until a complete cure is effected. The inflamed periosteum of one tooth will not unfrequently so affect surrounding parts, that a patient cannot possibly locate the seat of pain. (See cases of trismus.)

*Diagnosis and Treatment.*—The affected tooth will always respond to a stroke from a steel instrument, whether the attack is of the acute or chronic form. No such response is made in any other form of odontalgia.

A periosteal inflammation may, in nine out of twelve cases, be aborted as follows: Pass a lancet several times through the gums, down to the alveolus; let the patient hold water in the mouth so as to prevent the formation of clot, and provoke free bleeding. As soon as the vessels and capillaries have disgorged themselves, paint the parts heavily with tinct. of iodine, the officinal strength. The philosophy of this treatment is sufficiently evident not to need explanation.

Chronic periosteal inflammation is most certainly cured by extracting the offending tooth; when this, however, seems undesirable, inject through the sinus, which passes from the gum into the cyst, at the root of the tooth, also, the tinct. of iodine; do this for three or four days, and then force through the sinus a tent of cotton. Leave the tent to nature; its ejection will most generally be found to be the result of the healthy granulation, which will have obliterated the cyst.

(*To be continued.*)

## Resection Radius for Un-united Fracture of the Radius.

By John Foote, M.D.,

Of Archbald, Pennsylvania.

Last spring, John Crouse, of Jessup, while working in the mines of Oliphant, had the bones of the fore-arm fractured by a shot. I saw him, for the first time, on the sixth day after the accident. He was in bed, the arm parallel to his body by his side, dressed by a quack in an indescribable manner. Both the posterior and anterior aspect of the middle third of the fore-arm was lacerated and contused; shreds of tendons protruded, and the lips of the wound were puffed up and turned outward. With the forceps I took out several pieces of coal; the radius was fractured transversely, and half an inch of the ulna was broken off, so that the ends could not be brought together. I dissected out the pieces of tendon, and the injured part, which would have sloughed off, and dressed it properly. The wounds healed in four weeks, but there was no bony union. Last summer, my brother, Dr. Foote, of Carbondale, made a subcutanous incision in front of the fracture, with a small tenotome, and cut away the cartilage between the ends of the bones; splints and bandages were applied to keep the bones in place, but the patient, being of a restless disposition, did not allow them to remain on long enough to give it a fair trial. The weight of the hand bent the arm so that the ends of the ulna would nearly meet; the arm was of little use to him.

On the 26th of December, of last year, I excised a portion of the radius in the following manner:—The patient was laid on a table and inhaled a mixture of ether and chloroform, when he was well under its influence, I made an incision, four inches in length, by the superior and anterior edge of the supinator longus muscle, and laid the radius bare for about two and a half inches, and bent the arm to nearly a right angle, to cause the fractured parts of the bones to protrude. While two assistants held the arm, I opened the wound with the fore-finger and thumb of the left hand, to save the muscles from being lacerated by the saw. It would be impossible to put a small splint under the bones, as recommended by surgical writers, as the bones, at the seat of fracture, were twice the normal size. I excised the false articulation in a wedge shape, five-eighths of an inch above and one-half an inch below. When the arm was straightened, the ends of the ulna were in contact as well as the radius, and in five weeks the union of both bones were perfect, and the arm straight. The wound healed by suppurating freely. He had a slight fever for the first week. In thirteen days from the operation he walked from Jessup to my office, and back again, a distance of four miles, to have the arm dressed, and continued to do so, three times a week, till it was well.

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*A Twin Monstrosity* has lately been brought forth at Versailles, France. They are united, as the Siamese Twins, but the point of union is the occiput, both heads being fused into one. They were both females, and at the time when seen by Baron Larrey, who reports the case, they were alive and well.

# Medical Societies.

## BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

Clinic of Drs. Louis Bauer and E. A. Whaley.

[Reported by A. J. Willets, M.D.]

### LITHOTOMY.

In August, 1860, Edward O'Connor, a lad, fourteen years of age, was presented at the clinic of this institute for some trouble in his urinary apparatus. It seems that four years ago a swelling appeared over the region of the bladder, accompanied with difficult and painful micturition. These symptoms were controlled for a time by a warm bath. Soon after, the same difficulty reappeared, and a phymosis, now for the first time noticed, was relieved by the knife. Since then, during micturition, and immediately afterward, there has been much pain at the end of the penis. Considerable constitutional irritation has been produced thereby.

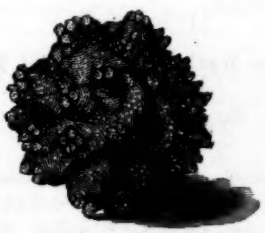
A sound introduced into the bladder revealed the existence of a calculus. The peculiar click, caused by striking the instrument against the stone, induced Dr. Whaley, in whose service the case occurred, to regard it as one of the oxalate variety. The patient being willing to undergo an operation, it was deemed expedient to proceed at once to extraction.

While the boy was being put under chloroform, Dr. Whaley proceeded to remark that there were three different methods in which we could enter the bladder, for the purpose of removing a calculus. 1st, the high operation, above the symphysis pubis; 2d, the low operation, comprising lateral and bi-lateral section; and, 3d, the posterior or rectal. The first should be resorted to in children only, in whom the anterior wall of the bladder occupies a position immediately above the symphisis pubis, and behind the abdominal parietes. In such subjects, the high operation offers great and practical advantages. In our patient, and in adults, the bladder retires into the smaller pelvic cavity, and is difficult of access, rendering the danger of wounding the peritoneum and of urinary infiltration so great, that this method ought to be excluded.

The recto-vesical operation, in its present improved form, as suggested and executed by my colleague, Dr. Bauer, is, decidedly, the most direct and the easiest, and will, undoubtedly, be the most successful in practicable cases. Having assisted that gentleman in the performance of the recto-vesical section, we do not hesitate to express our conviction that its easy accomplishment, its painlessness, the ease with which the stone can be extracted, and the absence of danger from urinary infiltration, all combine to render it vastly superior to any other method. Unfortunately, Dr. Bauer's operation is impracticable in subjects at and below the age of puberty, on account of the danger of wounding the recto-vesical fold of the peritoneum, which, in boys, sometimes descends so low as to reach the prostate gland. In the museum of this institute are carefully-prepared casts of the parts involved, taken upon the cadaver after the bladder and cavity of the abdomen have been filled with plaster. By these casts it can be clearly shown that the recto-vesical fold descends within one inch and one-half of the posterior margin of the prostate, leaving the triangular space entirely free, whilst it requires a wound of only one-half an inch in length to extract a large stone. In this connection it is also in place to mention that the peritoneum in the negro goes lower down than in the white race.

The high and rectal being both necessarily excluded in our case, we feel justified in resorting to one of the low operations. As results show, it makes but little difference how we divide the perineum, whereas it is of importance to gain as much space as possible to extract the stone. We prefer, in this instance, to make the bi-lateral incision.

The operation was performed by the doctor in the usual manner. Cutting carefully down upon the staff which had been introduced, he passed into the bladder with the ordinary bi-sector. By means of the forceps the stone was removed with the greatest difficulty, because of the great resistance of tissue through which it had to be dragged. It was some time before it could be extracted, notwithstanding extraordinary force was used. The calculus is about an inch and two-fifths in diameter, and exceedingly rough, being composed of the oxalate of lime. After extraction, a flexible catheter was



inserted through the wound into the bladder, and fastened in position by means of a T bandage. The urine being acid, the bi-carbonate of potassa was administered with opium. For nourishment, the patient was allowed milk and water only. On the succeeding day a considerable quantity of muco-purulent matter was discharged from the wound. The urine came through the tube, which, after forty-eight hours, was removed. The boy gradually improved, and on the ninth day passed his water through

the urethra, and on the fourteenth day was discharged cured.

#### POST-UTERINE HEMATOCELE.

The patient, aged about thirty years, was the mother of two children. She has had two miscarriages, in the last of which, a two months' fœtus was discharged, being confined to her room for four days. One week after the miscarriage, whilst washing, she experienced severe pains, resembling those of labor, and some blood was discharged from the vagina. Anodynes were given, but failed to give relief. On the next day, Dr. Whaley, in making an examination, noticed a fullness and tenderness of the posterior vaginal wall, as in metro-peritonitis. Opium and mercury subdued somewhat the inflammatory symptoms, but the fullness still increased. A few days subsequently, the swelling exhibited the firmness and hardness of a fibrous tumor. The pelvic viscera were pushed out of place; the os uteri indurated, and the rectum was crowded back into the hollow of the sacrum. These symptoms were gradually developing themselves, yet no sign of suppuration appeared. On the tenth day, Dr. Bauer was called in consultation, when it was decided to puncture the tumor. A trochar was used for this purpose, and the instrument, after entering the mass, could be freely moved in all directions. Following the operation there was a discharge of dark, grumous blood, and much coagulum. The canula was left in the wound two weeks, in order to aid the exit of fluids. The womb and neighboring organs gradually resumed their natural position.

Post-uterine hematocele is said to occur sometimes at the menstrual period. According to experience in the Paris hospitals, coition has been known to produce it. Its origin has also been assigned to certain diseased conditions of the broad ligaments.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

#### OSTEOGENIC POWER OF THE PERIOSTEUM—CONSERVATIVE SURGERY.

The Paris correspondent of the London *Lancet* gives the following interesting practical application of the osteogenic power of the periosteum in surgery. It will be observed in our News Department that a large premium is offered in Paris for the best essay on this important subject.

"M. Maisonneuve, one of the surgeons of La Pitié, laid before the Academy of Sciences, at its last meeting, the notes of a case in which the advocates of conservative surgery cannot fail to be much interested. A young man, in the month of August, 1855, consulted this practitioner in consequence of an extensive necrosis of the tibia of the right leg. The limb presented a deplorable aspect, its volume being triple that of the natural size, and the surface of the skin being furrowed by deep ulcers, through which the mortification of the whole bone during its entire length could be perceived. The disease had commenced after a fall, which occurred two years previously, and the excessive suppuration had occasioned constitutional disturbance of a nature so serious as to threaten life. The most eminent surgical authorities of Paris, and M. Velpeau amongst them, had declared that amputation of the thigh could alone save life, and that any idea of preserving the limb was, to say the least, Utopian. In spite of such imposing authority, and confident in the regenerating powers of the periosteum, so positively demonstrated by M. Flourens, M. Maisonneuve determined on attempting the sub-periosteal resection of the entire tibia, an operation to which the patient readily consented, and which was accordingly performed on the 24th of August, 1855. Chloroform having been administered, an incision fourteen inches in length was made down the front of the leg, the periosteum was divided, the bone laid bare, entirely shelled out from its fibrous envelope, and so removed *in toto*. With the exception of the two articular surfaces, the osseous shaft was found to be diseased throughout its whole length. The wound healed kindly, and by the fortieth day after the operation the patient was able to walk with the aid of crutches, as in a case of simple fracture; and so complete has been the subsequent regeneration of the tibia, that at the present time the limb differs in no respect from its fellow, with which it has kept pace in growth as to strength, length, and bulk; and the only trace which remains of the terrible operation, to which the patient is indebted for the possession of his leg, is the long cicatrix with which its anterior surface is indelibly scored. The extirpated tibia, exhibited to the Academy by M. Maisonneuve measures in length twelve inches and a half; in breadth, at its upper part, an inch and a quarter—at its lower extremity one inch. The committee appointed to report on this remarkable case includes MM. Flourens, Milne-Edwards, Velpeau, Cloquet, Jobert de Lamballe, Claude Bernard, and Longet; and their report is awaited with the greatest impatience.

#### THE SPREAD OF SMALL-POX.

For several years past there has been a considerable increase of mortality in various parts of our country, particularly in our large cities, from small-pox. This arises from *the neglect of vaccination*, and calls for the adoption of effective measures to put a stop to an outlet of

human life over which we have absolute control. In 1859 and '60 no less than 303 persons died of small-pox in Boston, while in this city and in New York the number was very large.

In the city of Providence, whose health department is very efficiently organized under the superintendence of Dr. E. M. Snow, this disease has been almost eradicated. In a recent report on small-pox, Dr. Snow says:

"Since the establishment of the office of Superintendent of Health, the means employed in this city to prevent small-pox have been as follows:

"1. Free vaccination of all who desire it, at stated hours every week, throughout the year.

"2. The requirements of a certificate of successful vaccination before any child can enter the public schools.

"3. The immediate visitation by the Superintendent of Health of every case of small-pox or varioloid that appears in the city. At this visit, printed and verbal directions are given in relation to measures to prevent contagion; provision is made for the vaccination or re-vaccination of all who have been exposed; and, when it seems necessary, the sick persons removed to the hospital. In most cases, however, they are allowed to remain at their homes.

"4. Frequent appeals to the people, by handbills, advertisements, and other means, to attend to the vaccination of themselves and their children.

"Such are the means that have been used to prevent small-pox in this city; and their success is seen in the fact that, during nearly three years previous to January last, (1859,) there was not a single death from that disease in the city.

"During that period, however, there were, at least, seven cases of small-pox or varioloid in the city, which came from other places. Had no measures been taken to prevent contagion, each of these cases might have been, and probably would have been, the origin of many other cases of the disease. They were, however, promptly reported and immediately visited; and the measures taken were so successful that not in a single instance was the disease communicated to other persons."

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### THE TOXIC ACTION OF CHLOROFORM.

Dr. Sansom appends to a paper on the action of chloroform, read before the Royal Medical and Chirurgical Society of London, the following conclusions:

1. That chloroform-narcotism is due to the imperfect stimulus to the vital functions of a mal-oxygenated blood. 2. That this mal-oxygenation is due to the direct influence of the vapor of chloroform upon the blood, and especially upon the blood-corpuscles. 3. That the vapor acts caustically on the cell-walls of the blood-corpuscles, and thus impedes the endosmosis of oxygen. 4. That if the blood be so deteriorated as to supply an insufficient stimulus to the heart, death is by syncope; whilst, if stasis be primarily effected in the lungs, death is by apnea.

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### GLYCERINE OINTMENT.

The following, from Græfe's Archives, we find in the London *Ophthalmic Hospital Reports:*

"Dr. Simon has at length succeeded in combining glycerine with amylon, in the form of an ointment. The glycerine, which should be very pure, is to be heated to 70° of Réaumur, and the starch granules be then allowed to swell up in it. The proportion is five parts of glycerine to one of starch.

"The advantages of this ointment over one of a greasy nature are, that it is soluble in water, always retains the same consistence in any temperature, and that it does not become rancid. Its decomposition shows itself only by the formation of a thin layer on the surface of the ointment; and if this layer is mixed up with the rest of the ointment, by means of a probe or small spatula, we may continue its use without any detrimental effect.

"Von Græfe has tried it extensively, and prefers it in many cases to any other vehicle. In phlyctenular conjunctivitis and its derivatives, for which the red precipitate of mercury is so excellent a remedy, he has found great advantages in combining this with the glycerine ointment; for it is readily dissolved by the watery secretions of the conjunctiva, which is not the case with fatty ointments, and its consistence is such, that it is easily and equally disseminated. But on these accounts a red precipitate ointment, made up with glycerine, is relatively stronger than one made up with fat. Consequently, an ointment of two grains of red precipitate to one drachm of glycerine, would be equivalent to three to four grains of red precipitate made up with a drachm of adeps.

"He has found it advantageous also in those cases in which there is a tendency to conjunctival swelling or granulations, for here the conjunctiva bears it far better than a fatty constituent. Besides which, there is the manifest advantage that the nitrate of silver, sulphate of copper, or acetate of lead (or any substance which the exigencies of the case may require,) are really held in a state of solution in this ointment.

"We can also combine atropine with this vehicle, and Von Græfe considers this of importance, from the fact, that he suspects atropine to be but too often the carrier of contagion in hospital out-patient practice. How often is not the atropine brush used indiscriminately for all kinds of cases, contagious or non-contagious? He prefers, however, fatty ointments in cases of seborrhœa palpebralis or blepharo-adenitis in combination with nitrate of silver or acetate of lead; for in these cases the fat is particularly useful in dissolving the crusts formed on the edges of the lids."

### ON THE USE OF WARM OR LUKE-WARM FOMENTATIONS IN CERTAIN OPHTHALMIÆ.

Von Græfe reaches the following conclusions on the above subject. We quote from the London *Ophthalmic Hospital Reports:*

"To sum up. '*The methodical application of warm fomentations assists materially in bringing about the desired demarkation in all the non-irritative purulent infiltrations of the cornea, which shows a tendency to spread circumferentially.*'

"Warm fomentations are most serviceable in those cases in which, after an accident or an operation, a circumscribed corneal infiltration shows itself, where very violent pain does not yield to one or two applications of leeches, where the customary cold applications either do not alleviate at all or only temporarily, and where finally a circumscribed portion in the infiltration becomes yellowishly discolored. After the fomentations have been applied for twelve to twenty-four hours, there will generally be a diminution in the irritation, and the process on the cornea begin to be circumscribed; when the desired effect has been attained, we must cease their application.

"In those cases of malignant ulcers of the cornea, in which there is but little tendency to formation of pus, but a tendency to progressive destruction of the cornea, not only in depth but in circumference.

"In the diffuse suppurations of the cornea, which sometimes unfortunately threaten or occur after extraction, Von Græfe has found them here of great advantage, particularly in old decrepid people, in whom, after passing eighteen to twenty-four hours without the slightest pain, we notice much swelling of the upper lid and a too great conjunctival secretion. If these symptoms are not due to an inaccurate adaptation of the corneal flap, (for which compresses are the best remedy,) he applies warm fomentations periodically, and paints tincture of iodine on the lids.

"But although we cannot expect much good even from their application, when there is a plentiful thin secretion from the conjunctiva, serous chemosis, yellow hue of the whole of the cornea, and a more or less circumscribed abscess, we yet find that they will limit these processes to the anterior portion of the eye-ball, and thus spare the patient the frightful sufferings of panophthalmitis.

"They are also useful in any obstinate cases of granulations, with or without pannus, for it is a well-known fact that, under these circumstances, a certain amount of conjunctival swelling is very propitious. Von Græfe thinks that the spontaneous curability of acute granulations (which often require but little, if any, therapeutic aid) depends on this. Whereas, on the other hand, we find that the less conjunctival hyperæmia there is, particularly during the stage of development, the more do the granulations develope themselves and attain the type of the so-called trachom granules. It has been lately shown, particularly in Belgium, that the development of a diffuse hyperæmia of the conjunctiva brought about by inoculation not only exerts a most beneficial influence upon secondary pannus, but also upon the acute granulations. The curative effect of the periodical application of sulphate of copper is similar in nature. And the same is the case with warm fomentations, which remedy links itself on to the treatment by inoculation, and although it cannot supplant this remedy in all cases, it yet has the great advantage of being free from any danger. This is of the more importance in Berlin, where, owing most likely to the climate, diphtheritic inflammation often supervenes on the inoculation of blenorrhœa.

"Finally, having observed that patients suffering from the very obstinate diffuse non-vascular form of keratitis, have been surprisingly quickly cured if they, perchance, have been infected with conjunctivitis, Von Græfe has tried the warm fomentations in some of the cases with good effect. At present, however, his observations have been too few to warrant any very decisive opinion on their efficacy."

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### CONTRIBUTION TO THE TREATMENT OF CHRONIC KERATITIS.

We often see inflammations of the cornea (which appeared originally as circumscribed non-vascular infiltrations, or as vascular, fasciculariform inflammations of the cornea) progress favorably up to a certain stage, when their cure is indefinitely retarded by the reappearance of inflammatory swelling in the formerly diseased portions of the cornea.

This may be due merely to exposure to deleterious external influences, to the pressure or movements of the lids, (the latter cause often impedes the formation of a firm layer of epithelium,) or to the recurrent formations of phlyctenulæ on the ocular conjunctiva, or at the edge of the cornea. The best treatment for the latter complication is the strewing-in of finely-powdered calomel, or the application of red precipitate ointment.

But Von Græfe has found that there is still another and very frequent cause of this recurrence, viz: the inflammatory swelling of a portion of the palpebral conjunctiva. On everting the upper lid in such cases, we find the tarsal portion of the lid but slightly injected; if we, however, cause still greater eversion we see that the conjunctiva between the upper tarsal edge and the cul de sac (uebergangsfalte) is very much swollen, and this is the point from which the conjunctival complication emanates.

Von Græfe cauterizes this swollen portion of the conjunctiva with a piece of diluted nitrate of silver, (after its application we should neutralize it with salt and water,) avoiding, however, the tarsal portion of the lid, as this only causes

unnecessary irritation. This cauterization acts most beneficially upon the corneal lesions, curing them in a very short time. (It is sometimes necessary to scarify the lids after the cauterization.)

This complication is not unfrequently met with in scrofulous children, who, suffering from fasiculariform keratitis, or chronic vascular corneal infiltrations, have been confined to the room for a length of time.—*Ibid.*

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### A NEW SALT OF IRON AND QUININE.

Dr. Walter Fergus, in a letter to the *Medical Times and Gazette*, proposes a new and, it would seem, a very useful combination of iron and quinine. He says:

"It is generally found that a salt of the protoxide of iron is preferable to one of a higher degree of oxygenation: but it is also difficult to obtain an absolutely permanent salt of the protoxide. Perhaps, without exception, the sulphate is the most practically useful of all the salts of iron, owing to the uniformity of its composition. Of the quinine salts, the sulphate is also the most available for general purposes. It is not difficult to form a simple combination of these two sulphates, but the resulting compound is not well fitted for general use. The addition, however, of a certain proportion of sulphate of magnesia, enables us to obtain a salt which is nearly as soluble as the sulphate of magnesia itself—quite unalterable in the solid state, and forming a solution perfectly clear at first, and remaining so for an indefinite period. The iron has no tendency to a further state of oxygenation; the solution has been agitated with oxygen gas, and kept in contact with it for several days, without the least change. A solution of gallic acid tinges a solution of the salt of a light bluish color, after the lapse of two or three days, and many substances which produce an inky compound with the salts of iron may be mixed with it without causing any change of color.

"The proportion of the three sulphates which has been adopted, is 80 per cent. of sulphate of magnesia, 15 per cent. of sulphate of iron, and 5 per cent. of sulphate of quinine, one scruple containing 16, 3, and 1, grains of the respective salts. These proportions have been found the best for general use, and also for the purpose of manufacture. The proportion of quinine may be increased by prescribing an additional quantity, which is readily soluble in the solution of the salt.

"One peculiarity is especially deserving of notice; namely, that in this combination, the assisting or adjuvant property of both iron and quinine are remarkably developed, the effect of both, particularly of quinine, being heightened in a very marked manner. At the same time, both of the remedies are less apt to disagree with peculiar constitutions which ordinarily refuse to tolerate either iron or quinine. If the heightened power be borne in mind in prescribing this combination, there will be very few cases found in which it will not be suitable whenever either iron or quinine are indicated."

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### NEW OPERATION FOR THE RELIEF OF HERNIA.

Mr. John Niven, of Edinburgh, proposes (*Lancet*, March 16,) the following operation for the relief of hernia:

"An incision is to be made in a vertical direction, about an inch or an inch and a half above the neck of the sac, dividing the skin of the abdomen, and gradually diminishing in extent till the peritoneum is reached. The peritoneum is then to be opened to the extent of admitting a blunt hook, or, what is perhaps better, a fine-curved pair of forceps, with which the neck of the protruded intestine is to be grasped, and gently drawn upwards, whilst the taxis is applied from the outside to assist. The wound is then to be closed with a harelip pin or a wire suture.

"Should this proceeding fail from any cause to effect reduction, it is open to the surgeon either to enlarge the wound, so as to admit the finger and to divide the stricture from the inside, or to perform the usual operation.

"The advantages of this operation are the small extent of the incision into the peritoneal cavity, and that in a sound place; and the avoidance of the exposure of the protruded bowel to the fingering required in the usual method. In fact, the danger would not be greater than the operation of paracentesis."

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## THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 11, 1861.

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An army is now being organized in the northern part of the United States, which is believed to be but the van of a colossal military force which will soon follow. In the South a large army has been for some months in the field. We cannot, in even a purely medical view, remain uninterested spectators of these moving masses of humanity. The troops which are gathering within the limits of our own observation, are composed of young, vigorous, healthy men. They contain persons from all classes of society, and the competition for places in the ranks has given opportunity for selecting men of the best physical ability.

It might be supposed that such a class of men, apart from the contingency of wounds received in battle, would have but little need of medical services. At their homes, and pur-

suing their usual avocations, probably they would not; but the experience of armies, in this respect, differs sadly from the course of civil life. From the outset, armies are exposed to varied morbific influences, and this is particularly the case with newly-recruited troops, who are not inured to hardships and changes of climate, nor yet made wise enough by dear-bought experience to take care of health.

Among the first disordering influences on the system will be changes of habit, diet, apparel, occupation, etc. These changes, if the transition be great, or the individual susceptible, may at once produce disease.

The toil of marching and bearing arms and accoutrements, or work on fortifications or in trenches, will produce fatigue and exhaustion in the novice, and, as a depressing cause, produce disease.

Repose may be interfered with by onerous duties, and sleep prevented by want of the accustomed retirement and comforts. The energies are thus prevented from being recruited, and the nervous system is exhausted.

The ordinary diet or ration of the soldier is often repulsive to the æsthetic stomach of many a recruit, or too indigestible from its quality, and its monotony may cause scorbutic disease. The habitual hours for eating may not be convenient, and food may be, at times, scanty or badly prepared. The great function of nutrition is thus impeded at its source.

Sufficiency of clothing cannot always be carried so as to allow it to be changed to suit the variations of temperature, and the soldier is often burdened and sweated under a noonday sun by the same garments in which he endures the moist and chilling air of night.

The changes of location, incident to the eventful life of the soldier, keep him perpetually acclimatizing himself, and expose him to local morbific influences to which he is unaccustomed. Endemic diseases, attributable to the mythical malaria, are the bane of camps.

The habits of dissipation to which soldiers are often addicted, when the means are accessible, are no slight detriment to the physical as well as moral condition of armies.

Crowding of human beings, whether in health or disease, in barracks or in hospitals, produces disorders of an adynamic type. All human exhalation is poison to the human body. A class of diseases, called ochleses, is thus produced.

In the enthusiasm with which the army is now starting, little but the main object to be in the end accomplished will be thought of, and new recruits are known to be exceedingly careless of health. Old soldiers, who have served through many campaigns, are proverbially observant of the means of preserving their health. It has been with the object of calling the attention of the newly-appointed surgeons of regiments to the need of instructing the volunteer soldiery in the care of health that we have alluded to some of the most common causes of disease of newly-formed armies.

If the soldier is at first cautious he usually becomes gradually inured to his occupation, and enjoys health. It is indeed wonderful to how great an extent this physical endurance may reach. The same troops which, under Napoleon I., trod, famished and athirst, the burning sands of the African deserts, triumphed soon after on the frozen fields of Austerlitz and Eylau. On the latter field the snow was three feet deep, and the thermometer much below the freezing point.

Larrey, the great surgeon of the wars of Napoleon I., speaking of the endurance of the soldier, which is accomplished by education to it, says, that for a long time, and during a long march previously to these battles, the soldiers had not been allowed to dry their clothes, which were wet with the snow, and change of garments was impossible, for the baggage of the army had been left behind. Food, too, had been but meagrely distributed, and the roads were rendered difficult for marching by the depth of the snow, and impediments were thrown in the way and the bridges destroyed by the enemy. Yet he asserts that few in the army were sick, and that the soldiers really became robust and vigorous under their great privations and hardships.

The experienced military surgeon alluded to, says, "that the soldier who is accustomed to the use of arms, and animated by the spirit of his profession, if he have attained his complete physical growth, will not become sick under any fatigue or rigor of climate, provided he be not subjected to too long abstinence. The functions of his organs are doubtless more accelerated, but this increase of action is not injurious to his health, if at intervals he is permitted to repose a few hours. His spirits do not flag from such unusual exertions, and his repose is disturbed by no uneasiness of mind."

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

In the Reporter of the 6th ult., on page 21, occurs this expression: "Up to within a very recent period, the profession of our country has only had this species of literature (periodical medical literature) in the quarterly, bi-monthly, and monthly forms," etc. In that rather infelicitous expression, we have, without intending to do so, done injustice to the Boston *Medical and Surgical Journal*, which has been published weekly since 1828, and has done good service in the cause of medical science. What we had in mind was rather the recent establishment of a demand on the part of the profession of the country for this form of medical periodical literature, so as to give it a leading place among the medical journals of the day, than to speak of individual enterprises of the kind. We have not the slightest desire or idea of ignoring the existence of the *Journal*, but will always uncover deferentially in the presence of our venerable cotemporary while its needle points unerringly to the polar star of medical science. Long may the *Journal* exhibit life, vigor, and energy in battling with us in the common cause, and may our competition be as to which will serve our profession most efficiently. The *Journal* of Boston, the *Times* of New York, and the Reporter of Philadelphia, are, we trust, destined to effectually aid in working out the problem of elevating the standing of the medical profession of America.

## NEWS AND MISCELLANY.

*Inspectors of Drugs.*—The following memorial from the College of Pharmacy of this city, to the proper authorities at Washington, accords with sentiments on the same subject advanced by us some weeks ago. We trust that the importance of the appointment of none but capable men to this office will commend itself to the government.

"The memorial of the Philadelphia College of Pharmacy, an institution chartered in 1822 by the State of Pennsylvania, for promoting a knowledge of the science and art of Pharmacy, and for directing attention to the quality of articles brought into the drug market, respectfully represents, that owing to the ruinous effect upon the public health of the importation of spurious, adulterated, and deteriorated drugs and medicines, a law was passed by Congress, approved on the 26th of June, 1848, providing for the examination of all articles imported for use in medicine, during their transit through the various custom-houses, with a view to ascertain their purity and genuineness, and directing that when unfit for use such goods should be destroyed or re-shipped.

"This law has had a salutary effect upon the quality of imported drugs and medicines, notwithstanding the obvious difficulties in the way of its proper and efficient execution. The professional requirements of the office of Special Examiner under this law are peculiar, and can only be determined upon by those who are themselves familiar with the difficulties and complexities of the subject, and we would respectfully urge that they should be judged independent of all political considerations by the proper scientific representatives of the professions of medicine and pharmacy in the respective localities.

"Your memorialists, therefore, with an exclusive view to the important public interests involved, respectfully ask that no appointment to the office of Special Examiner of drugs at this port be definitely concluded, without the official approval of this college, or some competent medical body selected for the purpose.

"The President of the College is directed to sign this memorial, to affix the seal, attested by the Secretary and the Corresponding Secretary, and forward it with an appropriate explanatory letter."

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*There were Thirty-nine Graduates* at the session of the College of Pharmacy, of this city, recently closed. The number of matriculants was one hundred and twenty-five.

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*M. Claude Bernard* was recently elected a member of the Academy of Medicine in Paris by a vote of seventy-two out of seventy-nine cast.

*Physical Education in Paris.*—The correspondent of the *Lancet* writes as follows:

"There exists in Paris, and I may say in France generally, a branch of education which plays an important part in the sanitary discipline of the young, and which I regret to see so much neglected at the present time in England. I allude to the systematic courses of gymnastic training which in French schools are considered as fully indispensable to the welfare of the pupil as is with us the safe passage over the 'Pons Asinorum,' or the initiation into the mysteries of the 'Propria quæ maribus.' During a residence of eleven years in this country, I have been repeatedly struck by the contrast apparent in the carriage and bearing of English children as compared with that of the French natives of a similar age. The former, more favorably and more generously endowed by nature, possessing firmer and fuller muscles, bigger bones, ruddier complexions than the latter, and evincing generally a superiority of physical constitution, on emerging from the chubby rotundity of childhood, and entering that awkward age which precedes puberty, exhibit an ungainliness of figure, and inelegance of gait and movement, from which the French lads, their contemporaries, are for the most part exempt. This immunity on the part of the latter I attribute wholly and entirely to the gradual and methodical culture of the locomotive apparatus, which is here refined into a veritable science. From an early age the muscles of the French child are systematically exercised in a way to promote the harmonious development and action of the entire frame. In England, the training of the child's body is left, in the case of boys, to nature and to the sports of the playground; in that of girls, to the back-board, inclined plane, and the dancing-master. In France the case is very different; there is a class of gymnastics, just as well as of Latin or of history, and the children of both sexes, and of almost every rank of life, are daily drilled through the exercise of the dumb-bell, the club, the trapèze, the rope-ladder, the fire-escape, and so on, as seriously and regularly as if their ultimate destination were to be the spring-board of Franconi, or the saw-dust of the Cirque Impérial. In the quarter in which I live, that of the Champs Elysées, there exists a half dozen or more of colossal glass houses, whose internal arrangement is curious to behold. From a roof, about sixty feet above the deeply saw-dusted floor, hang an intricate combination of ladders, ropes, swings, and poles, of every form, size, and description. Dumb-bells, varying in proportion from a quarter of a pound to a hundred-weight, are seen neatly disposed in one corner. Bars and clubs, ranging from pigmy to giant size, occupy another. Hurdles to be jumped, impossible looking walls to be scaled, see-saws, the very look of which makes one giddy, all form part of the gymnastic property, and all have their use and special place in the graduated series of muscular training. If it happen to be class-time, some scores of little beings, three feet nothing high, are climbing like monkeys up the ropes, racing after one another along the horizontal ladders aloft, coming down *pêle-mêle*, goodness knows how! head-foremost along a pole, without being smashed, or otherwise rendered uncomfortable. A bell suddenly rings, or a drum beats; a 'professor,' clad like an acrobat, advances; a host of small creatures, also equipped like the sons of Professor Risley, apparently hitherto in the clouds, descend like hail-stones into the saw-dust, form in line, dumb-bell in hand, go through their exercise, then run to the clubs, throwing away the first; and so on till the bell rings again, when the little beings disappear into boxes, are rubbed down with wet towels, and return, in ordinary civic garb, some to scud home to dinner, others to get into the carriage of Madame la Marquise, their mamma, who each afternoon comes to fetch away her boys after the 'cours,' for a turn in the Bois de Boulogne; and so on daily. Perfect grace in movement depends less upon the extent of development acquired by the primary contracting muscle than on the intelligent accompaniment and moderate action of its antagonist. The co-ordination of movement is a faculty no doubt as susceptible of cultivation as is any other bodily endowment, and exactitude of muscular harmony, when not specially granted by nature, can only be attained by those exercises which promote the equal and simultaneous development of the two sets of muscles, whose mutual counterpoise is the secret of elegance."

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*Uses of Tea.*—At a recent meeting of the Society of Arts, a paper was read on "The Uses of Tea in the Healthy System," by Dr. E. Smith. The author began by stating the opinions brought forward by Prof. Johnstone and other chemists on this subject—views which were still very generally held. These might be summed up thus: That, by the use of tea, first, the waste of the body is lessened; second, the body is nourished; third, by lessening waste we may lessen supply, and yet the bodily powers shall be duly sustained. He stated his reasons for differing from these statements, and explained the nature of the experiments which he had undertaken in order to ascertain the actual effect produced by tea. If there be an abundance of food in the system, and that especially of the farinaceous or fat kinds, tea is a powerful digestive agent, and, by promoting the transformation of food, it aids in nourishing the body; but with a deficiency of food, in relation to the waste of the tissues by exertion, or the waste of heat by cold or by too profuse evaporation from the skin, it wastes the tissues of the body and lowers the vital powers. He, therefore, considered that it was not suitable as

a partial substitute for food, as was generally supposed, for it increased the waste of the body. It was not suitable for persons of spare habits, or while using exertion; nor was it adapted for men in low temperatures, or where the action of the skin was defective.

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*Prize Subjects of the Académie des Sciences.*—1. *Montyon Prize of Experimental Physiology.*—The Academy will annually adjudge a gold medal of the value of 800 francs to the author of the work which, whether in manuscript or in print, shall be considered to have most contributed to the progress of experimental physiology—the essays or works to be sent in by the 1st of April of each year.

2. *The Montyon Legacy Prizes.*—One or more prizes will be adjudged to the authors of works or discoveries which shall be considered of the greatest utility in the art of healing, and to those who have discovered the means of rendering an art or occupation less insalubrious. As the object of these prizes is expressly new discoveries and inventions for the improvement of medicine and surgery, and diminishing the danger of arts and occupations, a well-defined discovery will alone entitle their authors to them. The exact sum that is to be awarded cannot be specified, as the number of prizes is not limited; but the testator's liberality has left ample funds to reward merit and recompense outlay.

3. *Prize in Medicine*, for 1864, of 5000 francs, "The History of Pellagra."

4. *Prize in Medicine and Surgery*, for 1866, of 5000 francs, "The Application of Electricity to Therapeutics." The competitors will be expected to give an account of the electrical apparatus employed, their mode of application, and their physiological effects. They must also collect and critically examine the various facts which have been published on the application of electricity to the treatment of disease, and especially the treatment of affections of the nervous, muscular, vascular, and lymphatic systems. These are to be verified and completed by additional observations, and the cases specified in which it is desirable to have recourse to the continued and intermittent currents.

5. *The Great Prize in Surgery.*—Numerous physiological facts have proved that the periosteum possesses the faculty of producing bone; and some remarkable surgical cases have shown that very extensive portions of bone may be reproduced by means of periosteum, which has been preserved. The time seems arrived for calling attention to a new and important study, and the Academy proposes the subject—"The Preservation of Limbs by the Preservation of the Periosteum." The Academy allots the sum of 10,000 francs as a mark of the importance it attaches to this subject, and the Emperor having doubled the prize it now stands at 20,000 francs, ($4,000.)

6. *The Alhumbert Prize in the Natural Sciences*, for 1862.—A gold medal of the value of 2,500 francs. "Endeavor by means of well-contrived Experiments to throw new Light on the Question of Spontaneous Generation." The candidates are required especially to examine into the action of temperature and other physical agents, upon the vitality and development of the germs of the lower animals and plants. Any work, manuscript or printed, may be presented prior to October 1, 1862.

7. *The Bréant Legacy* of 100,000 francs for the discovery of a cure for the cause of cholera. Awaiting this fortunate event, the interest of the prize (4,000 francs) is to be given to whoever advances science in relation to cholera, or other epidemics, or to the discoverer of the cause or means of curing "dartres."

8. *The Barbier Prize* of 2,000 francs, for 1862, will be awarded to the best work deposited at the Academy on Medical Chemistry or Medical Botany.

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*The Gorilla.*—So great has been the curiosity excited by the accounts of M. de Chaillu's adventures in the Gorilla country of Central Africa, that the managers of the Royal Institution invited that gentleman to deliver a lecture on Monday evening, when the theatre was densely crowded. Among the auditory were many persons, especially of the gentler sex, burning with anxiety to hear some of the shocking details of cannibalism, or of some semi-human habits and structures of the ape that should raise mystical questions as to the origin of man. Concerning cannibals, we learned that human flesh was considered a luxury, and that not only captives, but the bodies of those who die of disease, are eaten. But, out of decency, cannibals don't eat their own relatives; they give them to other tribes, and receive their dead relatives in exchange. The Gorilla appears to be a most formidable brute, with a roar like a lion, and beating his huge chest like a drum as he advances on his foe. He often flattened a gun-barrel by using it as a club, and smashed a man's ribs with a blow of his fist. The male has a tremendous mesofrontal ridge, dividing the temporal fossæ, which cover all the front of the cranium. The jaws and tusks are of prodigious force. The female has no frontal crest, and is more timid. The skull of the infant Gorilla differs little from that of the Chimpanzee. The Gorilla is not gregarious; neither eats negroes nor flesh at all; is a strict vegetarian; lives a solitary life with its mate and young ones; builds no nest; lives on the ground, in the darkest part of the forest; the female sleeps in a tree, the male squats on the ground, with his back against the trunk; often stops to sit down, because the legs are weak for the weight of the trunk; the young ones when caught were most untameable, and would neither eat bread nor anything else that was cooked. The cubs or infants are born black; those of the Chimpanzee white.—*Med. Times and Gaz.*

*Value of Associated Labor.*—On assuming the position of President of the Medical Society of London, on the 11th of March, Mr. Coulson made use of the following language:

"The creations of the mind, unlike those arising from material causes, gather strength as they grow, and, assimilating unto themselves imperishable nourishment, flourish and bear fruit unto the end of time. We shall disappear ourselves: but our work, if it be good, will remain. What, then, is our work, and for what object are we associated? Need I tell you that it is to develop and improve the science of medicine; that we associate because, as man was not made to live alone, neither was he made to work alone. If we desire progress, we must have co-operation. Multiplied difficulties require for their removal united efforts; and what can be more difficult than to penetrate into the mysteries of life, or neutralize those innumerable agencies through which death prevails against us? In the infancy of any science, individual exertion may avail much, for a single mind may then embrace the whole of the facts of which that science is composed. But in proportion as the facts become multiplied, and the science enlarges its boundary, so does further progress necessitate the co-operation of many intellects for the observation of new facts and their reduction to scientific principles. Science, gentlemen, in one respect resembles commerce. It can flourish only in a social state and under an interchange of produce. We may produce individually; but to accumulate wealth, we must meet and exchange our products. If this remark applies to science in general, it is peculiarly applicable to the science of medicine, the advancement of which depends more than any other on the deduction of general laws from a multitude of phenomena observed with care and recorded with accuracy. Now, the mere observation of facts in our profession—that is to say, observation so conducted as to be useful for scientific purposes—is quite beyond the power of any single individual. Medicine, I may boldly affirm, has not only kept pace with the progress of other sciences, but has gone far beyond them, if we take into account the numerous difficult and abstruse subjects embraced within its sphere. This sphere embraces a knowledge of every agent in the natural world which affects the living body. Such knowledge in its full extent is obviously beyond any single capacity, while philosophic deductions from such a multitude of facts—many of them apparently conflicting—are as obviously beyond the power of any single mind. Besides this, the accurate observation of facts in numerous branches of natural history requires so many aids, such a diversity of natural gifts, such varied opportunities, that, to carry it on effectually, we need not only many observers, but that the phenomena be studied in different places, at different times, and under a great variety of circumstances. On the other hand, if we pass from facts to reasoning, from the material world to the world which is within us, we shall find that if it be difficult to observe and record phenomena accurately, it is still more difficult to draw from them correct and philosophical inferences. Man has ever a tendency to go astray when he attempts to soar from the field of facts to the region of philosophy; and if in the one case aid be required to increase power, it is more required in the other case to secure correctness of judgment. These few remarks are intended to illustrate the necessity, as well as the utility, of such associations as our society, and they point to the principal matters which should occupy our attention outside the walls, and our discussions within them. We must have facts, and we must have your enlightened aid to deduce from these facts general laws for the advancement of our science. The facts when presented here become memoirs or cases, and the aid we require is scientific discussion. Such co-operation you will not fail to give, both in recording facts which are useful, and in discussions that must end in the elucidation of truth."

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*The Sanitary Condition of Paris.*—The *Medical Times and Gazette* says:—"The sanitary condition of Paris has been attracting attention, and a controversy has arisen whether it be more unhealthy in 1860 than in 1760. Dr. Rigaud, on the one hand, affirms that emanations from gas-pipes do not affect the general health; that the smoke from the tall chimneys is carried away harmlessly by the breezes; 'that the vast agglomeration of workmen in and around Paris is the cause of its wealth and magnificence;' and that the streets are wider and the drainage better than in former days. To this M. Lazere replies, that one hundred years ago, with a population one-fourth of what it is now, 'the city was girt with ninety-seven magnificent parks, belonging to as many princely palaces, and intersected with the gardens of numerous convents, all tending to furnish a supply of pure air. Instead of this, Paris is now surrounded with quarters consisting of narrow streets, containing miserable houses, inhabited by upward of a million of working people, closely packed together, without the slightest attention being paid to their comfort or cleanliness, or to their due share of pure air and sunlight.' The factories bring with them a population, three-fourths of whom may at any moment require you to feed them. The truth seems to be, that whilst old evils of the cesspool order are being abolished in London and Paris, new evils are introduced. The existence of an enormous area covered with houses, without intersection by gardens, is an immense evil; and the children of a town population will, from this cause, be sickly and short-lived.'"

*Uter Insanior?*—To bleed or not to bleed—that is the question. The late Dr. Gregory writes, in 1800, as follows:—"About 230 years ago an eminent French physician, Botallus, who was physician to Henry III. of France, wrote a famous book on blood-letting, in which he maintained that it was the best of all remedies, and proper in every disease, even in a dropsy. Soon after his death, a great deal of this blood practice was generally adopted in several countries, but especially in France, where much of it keeps its ground even to this day. Not all the ridicule of Gil Blas has been able to get the better of it. Though the name of Sangrado is Spanish, (denoting a bleeding,) and though the scene of the adventures is laid in Spain, it is well known that the allusion was to the practice of physic in France. In about fifty years after the time of Botallus, another famous physician and medical author, Van Helmont, a Fleming, maintained with still more violence (for he was one of our most spirited and eloquent disputants) that bleeding in any case whatever was downright murder (or, worse, executioner's work, *carnificina*, which, in our language we have no word to express.) Van Helmont died like a hero, of the consequences of a pleurisy, in which he would not allow himself to be bled. Part of one of his letters, written when he knew he was within four-and-twenty hours of his death, and mentioning that such was his situation, is still extant.

"These extravagancies seem to have got the better of the patience of Boerharve himself, whose candor and good nature are unrivalled in physic. He mentions the controversy, and the opposite doctrines of the two great leaders in it; but, without designing to refute them, or attempting to reconcile them, or to argue with them, very properly dismisses them both with a smart kick on the breech, conveyed in two Latin words—*Uter insanior?* 'which is the maddest?' Times have changed, although the old controversy has turned up again. The 'spirited and eloquent disputant' of the day belies his own teaching, gets bled for a pleurisy like a hero, and—recovers; and the solidly-thinking rank and file of the profession only smile at the fussiness of the chief disputants about a question which they have settled long ago without a word."—*Medical Times and Gazette.*

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*Army and Navy Intelligence.*—Surgeon C. H. Lamb has been ordered to report to the Commander of the Department of Washington for duty as Medical Director and Purveyor for the troops (regulars and militia) in that Department.

Surgeon J. F. Hammond and Assistant-Surgeons T. M. Getty and D. L. Magruder have been assigned to duty in the Surgeon-General's office.

Assistant-Surgeon R. H. Alexander has been assigned to duty at the Washington Arsenal, D. C.

*Muscular Paganism.*—We have more than once had to protest against the vicious love of excitement which daily imperils human life for sport in the arena, and barters the chances of death publicly for a high price, as a kind of spectacle known to be largely relished. Among the most dangerous of the feats publicly performed are those of the "flying" acrobats, a race of men whom the public pay exorbitantly, less for their agility, skill, or grace, than for the daring fool-hardiness with which they voluntarily peril their lives. The "trapeze" vaulting in which they risk their lives is an act of the most imminent danger, although by no means of surprising agility. The excitement which attends its performance is precisely proportionate to the height of the slender pieces of stick from one to the other of which they leap, to the imminence of the risk of falling, and the coolness with which the gymnast uselessly hazards his limbs.

The last week has added a fresh instance to the dangers of these exhibitions. Three such ape-like men have been employed to leap from bar to bar, throw somersaults some hundreds of feet above the ground, and generally to perform the feats of the "trapeze," in that transformed building which was formerly a Panopticon of Science and Art. Each of the three men, we believe, met with accidents more or less severe, and last week the performance was brought to a close by one unfortunate man falling backward from a great height, being stunned, paralyzed, and permanently disabled by injury to his spine.

From the sickness and horror with which this catastrophe is described as having produced amongst those present, it may be concluded that the people are not so highly gratified by the sight of a severe and painful injury as might be imagined from the popularity of such exhibitions. But the rage for these perilous performances is by no means destroyed by such occurrences. On the contrary, it seems to be on the increase; and in the same week that has seen the permanent crippling of this man, a trio of yet more fool-hardy performers of similar flying feats appear at Paris, amid general applause, and promise a visit to this metropolis. The rigid censorship which is exercised over the phrazing of dramatic representations might be usefully extended to these physical displays. Considering the enormous proportion of accidents and sudden deaths which attend these exhibitions, they amount to a sort of public and prolonged suicide, which has the accompanying excitement of a game of chance as to its precise time, manner, and kind.—*Lancet.*

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*The Grape Cure.*—The grape cure, as understood in Switzerland and Germany, consists in making grapes the basis of the alimentation during an interval of time extending from two to five or six weeks. The cure itself may be strong or mild. In the *strong* cure, the arrange-

ments are as follows: The patient rises very early in the morning, and, after having swallowed a large glass of cold water, he goes, if he has sufficient strength, into the vineyard, where he eats one or two pounds of grapes, pulled from the vines, and still wet with the morning dew; these he eats without bread, or, if his stomach has difficulty in supporting the grapes alone, he may take a small roll of half an ounce to two ounces. After this repast, the patient, according to circumstances, is either subjected to frictions over the whole body, or he takes a bath, or he engages in gymnastic exercises, or he simply takes a walk. At eleven o'clock, another repast, consisting of three or four pounds of grapes; after which, again a walk; and at two o'clock a frugal meal, composed chiefly of herbs, with grapes for dessert. In the afternoon, another repast of grapes, of three to four pounds. Lastly, before going to bed, from one to three pounds of grapes are taken, with some very light food. The *mild* treatment differs from the preceding, or strong cure, only in the smaller amount of grapes which the patient takes, the quantity being reduced, according to the case, to one-third or one-fourth; and, besides, a little meat, not too fat, is allowed at the mid-day meal, and a cup of coffee or chocolate in the morning. In both kinds of cure much stress is laid upon the regimen. Patients are strictly forbidden to take milk, or food made with milk; all kinds of fat meat, eggs, vegetables, and every kind of fruit except the grape are prohibited; the day must be regularly employed, with moderation both of drinking and eating; no excess of any kind is permitted; and frequent baths are taken. When the cure is finished, patients should continue the same kind of life during several weeks—eight or ten; which constitutes what the Germans call the after-cure (*Nach-cur.*) The grape used must be perfectly ripe; and different kinds are used in different countries—the chasselas grape in most parts of Germany and Switzerland, the muscated grape in the southern countries. The season best adapted for this treatment is the after-season, the middle or end of October, not only because at that time the grape is perfectly ripe in favorable years, but also because the air is then cooler and more pure, and the patients are less exposed to the heat of the sun when they are out in the vineyards, and because the temperature admits of long walks and gymnastic exercises. The localities selected for these special modes of cure, of which the number is very considerable at the present day, are, for the most part, admirably chosen, both as regards the purity of the air, the beauty of the situation, and the exposure, which shelters them from sudden chills of temperature. We have only to mention Veytaux, Montreux, and especially Aigle, on the borders of the Lake of Geneva; on the banks of the Rhine or its vicinity, Armenhausen, Bingen, Boppart, Laubbech, and Rudesheim, Saint Goar; Méran in the Tyrol, etc. All acquainted with these countries will understand how many favorable influences are at work, in addition to the simple "grape cure."—*Bull. Gén. de Thérap. and Edinburgh Medical Journal.*

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*The Cure of Phthisis.*—At a late meeting of the Harveian Society of London, Dr. Pollock read a paper on this subject:

"Dr. Pollock first spoke of the various stages of phthisis, which disease he did not regard as necessarily making a steady progress to decay, but frequently exhibiting a succession of attacks, and susceptible of local repair. Such cases he had seen—the system sometimes opposing itself to morbid action in so marked a manner as to cause very considerable prolongation of life. In referring to the cure of phthisis, Dr. Pollock said he had no specific to offer, and thought that no cure, in the popular sense, would be discovered. He was of opinion that the average duration of life since the use of cod-liver oil, as stated by some authorities at four years, was too low an estimate. Tubercle might be absorbed, leaving the lung sound, by excavation and cicatrization, or a cavity sometimes remains circumscribed, the patient living for years. Waste of tissue might be retarded by stimulants when first going under treatment, and those taken at long intervals of time were exhibited to the society, which last gave evidence of favorable results.

"Dr. Camps, Dr. Fuller, Dr. Wadham, (the president,) and other members, took part in the discussion, after which the society adjourned to Thursday, February 21, when Mr. Hornidge will read a paper 'On the Action of Ozone on Organic Compounds.'"—*Med. Times and Gaz.*

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*The Late W. Baly, M.D., Physician to the Queen.*—Since the issue of our January number the profession has had to mourn the untimely loss of one whose amiable, unobtrusive character, sound judgment, and practical experience endeared him to many true friends. We fully purposed to have given to our readers a detailed sketch of Dr. Baly's life and career; but as an able and accurate one (from the pen, as we have learned, of his friend and colleague, Mr. Paget,) was presented to the public shortly after his death through the medium of the medical weekly press, we shall (and this without apology) content ourselves with merely transcribing one or two such extracts from this short memoir as may best suffice to present to the minds of those who did not enjoy his acquaintance or his friendship a faithful picture of one so eminently and so worthily beloved as a physician and a man.

Passing over the interesting notice of the circumstances of his early years, his active and earnest pupil-life in London, his studies at Paris, at Heidelberg, and at Berlin, where he

graduated in 1836, we proceed to view him commencing practice in London as a phisician, and engaging himself so sedulously in furnishing to the profession that admirable translation of Müller's "Pnysiology," copiously adorned by his own original observations, to which, in our first article of this number, we alluded.

We afterwards find him receiving the appointment to visit and report on the Milbank Penitentiary, with its arduous duties and rare opportunities—an appointment which he retained for nigh twenty years, and which furnished material for his well-known paper on the Diseases of Prisons, in the 28th volume of the "Transactions of the Royal Medico-Chirurgical Society;" for the Gulstonian Lectures on Dysentery in 1847; and for the "Report on the Cause and Mode of Diffusion of Epidemic Cholera," at the instigation of the Cholera Committee of the Royal College of Physicians, in 1853. Subsequently, Dr. Baly became Lecturer on Forensic Medicine at St. Bartholomew's Hospital; after that, F.R.C.P. and F.R.S.; then Assistant-Physician, and then Lecturer on Medicine, at St. Bartholomew's Hospital. Finally, in 1859, he was called upon to assume the high and responsible office of Physician Extraordinary to the Queen, and to be in constant attendance on the Royal Family.

"Thus [proceeds Mr. Paget] had Baly risen, till the greatest honors of his profession seemed quite within his reach: more than his ambition might soon be satisfied: he appeared to stand firm in the confidence of his Sovereign, in the high esteem of all his brethren, in the affection of many friends: the pride of sisters who had worked lovingly with him in his laborious days. He was glad in his success, brightened by prosperity; but, from all this happiness, in a moment he was hurled to death;—yet not to death: for they who knew his inmost mind are sure that, in the midst of this life, he was preparing himself for another and far better.

"It will be asked hereafter, What was the secret of Baly's singular success?—Truly, there was no secret in it. He had excellent intellectual capacity, and great working power; he was very prudent, gentle, true-hearted, and virtuous; and he daily cultivated and used all his powers, with the single view of doing the best he could in the daily duties of his life. His intellectual strength was not in any one of his mental powers, but in the fair proportions of them all. He had keen senses; very clear observant power; great caution in sobriety and thinking; an excellent ability in analysis. Few could sift facts better than he, or bring them out with more clearness and simplicity; he was eminently clear-headed. And all that he did—his practice and his lectures, his writings and his conversation—represent this character of his mind; all was clear, simple, definite, and orderly.

"An excellent feature in his disposition was a corresponding simplicity and sincerity of heart. He never professed to be what he was not; nay, he never professed himself what he was; he did well, without any self-assertion, and seemed content to do his duty without claiming or expressly seeking for its reward. Doubtless, among the motives that impelled him to a laborious exertion of his powers, ambition had some place; but his ambition was happily tempered by a natural timidity which made him always prudent. Hence, probably, it was that he never committed the faults of mere ambition; he never wasted time or power in striving after things which he was unfit for, or unlikely to attain; he never sought for praise or reputation in pursuits that were alien from his proper work; and when his ambition was gratified, he had the same prudent fear lest he should fall short of the full discharge of the responsibilities which high station and opportunities of doing good brought with them. To the last he never made light of duty; he never thought it easy to do well; he did not presume that he had yet done his best; he seemed to think that there was in store some far better thing for him to do.

"It will readily be believed that Baly was very popular among his pupils and professional brethren. His popularity, like his success, came to him without being expressly sought. It was the natural result of his honesty, gentleness, and liberality, and it increased with his merits. He tolerated kindly the faults of others; he saw them clearly enough, but he did not resent them; he spent his life without a controversy, and among the crowds that followed him to the grave, there were many who had loved him and had rejoiced in his prosperity, though he was their successful rival.

"These were the plain reasons of Baly's prosperous career; and the best lesson which our profession may read in his life—yet not safely, till they have well studied the solemn lesson of his death—is, to believe in the sufficiency of intellectual and moral excellence for the attainment of great success. He entered the profession by the broad and most frequented road; he started in the crowd, with neither wealth nor costly education; he began life without any advantage of social position, without an influential friend; he had no brilliant genius, no lucky gift of cleverness. Yet his career was a constant success; and, in its course, he gained and learned to use as many of these aids to progress as he desired. He constantly cultivated and adorned his mind, and made friends in every rank of life—literally from the prison to the palace—and when he died, the grief was as wide-spread. It was the grief not only of bereavement but of disappointed hope: for all felt that had Baly been permitted to live long he would have achieved great things for his profession and the world."

Such is the graphic, but unaffected and truthful, delineation of a character from the pen of

one whose powers of observation, and whose close, long-continued, and affectionate intimacy with its possessor, entitle him, perhaps before all others, to express an opinion. The picture is complete, and we can only in conclusion express sincere thanks to Mr. Paget for supplying to us so touching and so invaluable a memoir of him whose shocking death we so deeply lament.—*Brit. and For. Medico-Chir. Rev.*

## Answers to Correspondents.

*W. D. and others.*—There is no full treatise, of recent publication, on military surgery. The most complete works are those of Guthrie, Hennen, Hutchison, Larrey, etc.; but they are old, and probably not to be had of the booksellers in this country. One of the latest publications on the subject is by Dr. James Bird, of London, entitled "The principles and Practice of Military Surgery, Military Medicine, and Hygiene." Dr. Blackman, of Cincinnati, announces a "Hand-Book for the Military Surgeon," which, we are informed, will be issued in a few days. Its price is to be one dollar. Stromeyer's work on Military Surgery is in the German language.

*M. D.*—Surgeons and assistant surgeons in the volunteer military service receive their commissions from the Governor of the State. In the absence of a bureau of medicine in this State, the appointments have thus far been made on recommendations of colonels of regiments. The military bill, now before the State Legislature, provides for the appointment of surgeons after an examination by a medical board.

*J. M.*—The following table shows the compensation of army surgeons of every grade. The pay of surgeons of the volunteer forces is the same as in the regular army when mustered into service. The value of each ration is thirty cents; forage for each horse, eight dollars a month:

| | Pay per Month..... | Number of Rations. | Monthly Com. Value. | Number of Horses... | Monthly Com. Value. | Total Monthly Income. |
|---|---|---|---|---|---|---|
| Surgeon-General, $2,740 per annum | ... | ... | ... | ... | ... | ... |
| Surgeons of ten years' service | 80 | 8 | 72 | 3 | 24 | ... |
| Do. of less than ten years' service | 80 | 4 | 36 | 3 | 23 | ... |
| Assistant-Surgeons of ten years' service | 70 | 8 | 2 | 1 | 8 | ... |
| Do. do. of five years' service | 70 | 4 | 6 | 1 | 8 | ... |
| Assis't-Surgeon of less than five years' service | 53 | 4 | 36 | 1 | 8 | ... |

| | Number of Servants. | Monthly Com. Value. | Total Monthly Income. | |
|---|---|---|---|---|
| Surgeon-General, $2,740 per annum | ... | ... | 228 | 33 |
| Surgeons of ten years' service | 2 | 47 | 228 | 00 |
| Surgeons of less than ten years' service | 2 | 47 | 187 | 00 |
| Assistant-Surgeons of ten years' service | 1 | 23 | 173 | 50 |
| Do. do. of five years' service | 1 | 23 | 137 | 50 |
| Assis't-Surgeon of less than five years' service | 1 | 23 | 120 | 83 |

*"Medical Student."*—We are not a little surprised at your inquiry as to "the standing amongst the profession in Philadelphia" of the "Howard Association for the Treatment of Private Diseases." The very advertisement and its wording are *prima facie* evidence of the shameless quackery of the concern. From beginning to end, it is an out-and-out swindle of the basest kind. There is no "association," no science, no benevolence, as the advertisements whiningly profess—there is nothing but the basest, most unmitigated deception and villainy in the whole thing. It is sad to think that our laws are powerless to reach such cases. All our large cities swarm with these unconscionable villains, and their methods of deceiving the ignorant and unwary are legion. Whoever is unfortunate enough to be afflicted with "private diseases," should give these rascals a wide berth and consult an intelligent physician in their own neighborhood. What he cannot do they certainly cannot, except to "pluck the goose!"

*Dr. J. F. K., Iowa.*—For information in regard to admission into the army or navy of the United States as surgeon or assistant-surgeon, see last volume of the REPORTER, page 633, March 9, 1861. For admission into the volunteer corps, see above.

*Dr. S. F. H., Illinois.*—You will find the Epitome of Braithwaite's Retrospect a very useful work for reference. It is a kind of medical encyclopœdia; but should rather stimulate research than satisfy inquiry.

*Dr. W. B., Pennsylvania.*—We will forward the works you desire at the prices named:—Stanley on Diseases of the Bones, $1 50; M'Kenzie on Diseases of the Eye, $5 25; or, Jones' Ophthalmic Medicine and Surgery, (Manual,) $1 50; What to Observe, etc., $1.

For treatment of diphtheria, see back numbers of the REPORTER. As a general principle, the supportive plan of treatment is indispensable. Chlorate of potash, topical applications of nitrate of silver, etc., are important adjuvants.

*Dr. A. A. W., Kansas.*—We will send you "Hodge on Women" by mail prepaid for $3.25.

## MARRIAGE.

PURNELL—TAYLOR.—Near Berlin, Md., April 25, by the Rev. Mr. C. Handy, Dr. F. J. Purnell to Sarah A., youngest daughter of John M. Taylor, Esq., all of Worcester county, Md.

### COMMUNICATIONS RECEIVED.

*Connecticut*—Dr. J. B. Whitecomb. *Iowa*—Dr. J. F. Kennedy, with encl. *Illinois*—Dr. W. M. Cooper, with encl.; Dr. S. F. Hance, with encl. *Kentucky*—Dr. J. W. Hackney. *Massachusetts*—J. M. Gordon, Esq., with encl., for Dr. D. D. Hitchcock of Arkansas. *New Jersey*—Dr. J. B. Somers, with encl. *New York*—Dr. Louis Bauer, 3; J. Winchester, Dr. H. O. Tallmadge, with encl.; C. Storr, Esq., with encl.; Dr. H. S. Cullen, with encl.; H. Messenger, Esq., with encl.; Dr. J. Nold, Dr. G. A. Ostrander, with encl.; Dr. C. Valentini, with encl. *Ohio*—Dr. B. F. Coates, Dr. A. H. Heivetson. *Pennsylvania*—Dr. J. M. Dunlap, with encl.; Dr. A. Dimmick, Dr. J. Litz, with encl.; Dr. W. M. Herron, Dr. E. H. Pentz, Dr. J. H. Wilson, with encl.; Dr. J. R. Noble, Dr. W. Leiser. *Rhode Island*—J. G. White, Dr. A. Mann, with encl.; Dr. C. A. Manchester, with encl.; Dr. T. W. Perry, with encl.; Dr. J. Gardner, with encl.; Dr. J. A. Goodall, with encl.; Dr. T. J. Potter, with encl.; Dr. E. A. Crane, with encl.; Dr. L. L. Miller, with encl.; Dr. C. W. Fabyon, with encl.; Dr. J. C. O'Neil, with encl.; Dr. A. S. Wethrell, with encl.; Dr. R. Carrique, with encl.; Dr. G. W. Jenches, with encl.; Dr. H. Allen, with encl. *Tennessee*—Dr. H. M. Moore.

*Office Payments.*—Dr. E. B. Kelley, Dr. L. M. Service, Pa.; Dr. W. M. Purcell, Indiana, per Lindsay & Blakiston: Dr. H. C. Yarrow, Dr. J. H. Keeler, Pa.; Dr. A. Dimmick, Pa. By Mr. Swain: Drs. C. B. Stees, Rittenhouse, Foulke, A. J. Bassitt, Bishop, Scholfield, Hooper, A. D. Hall, and Heiss.